



First Contact Care Sphere of Responsibility and the
Terms and Conditions for Outpatient Referral for
Gynaecological and Psychiatric Assistance and in
Treatment of Traumas, Tuberculosis, Eye Diseases,
Skin Diseases or Sexually Transmitted Diseases.
Comparative Analysis of Principles, Applicable in
Chosen Countries

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Authors of the survey: Kerly Espenberg
Siim Espenberg

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Contact information: Lossi 36-124, 51003, Tartu
<http://www.ec.ut.ee/rakendusuurigud>

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INTRODUCTION

Well-organised health care system is highly important for the perspective of sustainable development of a country. Long-term experience of the Estonian Health Insurance Fund demonstrates that lack of funds and limited number of cases treated by the Estonian Health Insurance Fund is not the only reasons for long waiting times to receive outpatient specialised medical care, but the reasons for long waiting-times are much more diversified. Long waiting-times can be usually experienced in specialties where there's no requirement for a referral from a family doctor. Absence of requirement for a referral from a family doctor means that patients can take the decision to see a specialist themselves and should they contact specialists immediately with relatively simple health problems, this does not represent the most efficient utilization of the resources of the system (both money-wise and with respect to the specific competence of medical specialists).

Requirement for medical justification and the options to verify the compliance with this requirement via a referral are important factors to ensure the availability of specialised medical care. The Estonian Health Insurance Fund will make proposals for the requirement for a referral to be included for all the specialties that are covered with health insurance package; the Estonian Health Insurance Fund also plans to suggest some amendments in 2016 to the legislation that regulates the treatment waiting lists.

It was decided that the first stage for the specification of requirement for a referral should be an analysis of the international practice – co-operation of first contact and specialised medical care levels in specialties where there's no requirements for referral in Estonia. The **goal** of the survey is providing an overview of sphere of responsibility at first contact care level and terms and conditions for outpatient referral various specialists in case of scheduled gynaecological and psychiatric assistance and for the treatment of traumas, tuberculosis, eye diseases, sexually transmitted diseases in seven countries: Finland, Sweden, Denmark, Norway, the Netherlands, Canada and the United Kingdom.

The authors would like to thank everyone who contributed to the survey. Our gratitude goes to the representatives of the customer, Monika Lipson and Tiiu Rudov, who offer us their assistance during the implementation of the survey. We would like to thank Family Medicine Professor of the University of Tartu, Ruth Kalda, who helped us to find experts from foreign countries. Many thanks to all the specialists of other countries who found the opportunity to introduce the systems of their respective countries.

The analysis is divided into four parts: short overview of first contact levels of health systems, referral from first contact level to specialised medical care level, short overview of specialised medical care systems and a short overview of specialties in foreign countries. Each chapter provides a comparative overview of systems, adopted in different countries, and ends with a summary that provides an overview of the generalised main conclusions.

1. METHODOLOGY

The study includes overview of health care system of seven different countries. These countries are on **the Netherlands, Canada, Norway, Sweden, Finland, Denmark and the United Kingdom**. The countries to be included in comparison were suggested by the customer at procurement level and, according to the authors, represent a good and appropriate choice. Compared countries have different size, population, living standard and organisation of their respective health care systems (see Table 1).

Table 1. Area, population number, administrative distribution, living standards, health care expenditures and organisation of health care system in the countries compared.

	Estonia	Denmark	Finland	Norway	Sweden	Canada	UK***
Area (km ²)	45,000	42,916	338,424	385,178	450,000	9,984,670	243,610
Population (mio)	1.3	5.7	5.5	5.1	9.7	35.7	64.5
Administrative distribution	15 counties, 213 local government units	5 regions, 11 provinces, 98 local government units	19 regions, 317 local government units	19 regions, 430 local government units	21 regions, 290 local government units	10 provinces, 3 territories, approx. 3,700 local government units	4 regions, administrative distribution at local level differs by regions
GDP per capita*	18,877.3	59,818.6	49,150.6	100,898.4	60,380.9	51,964.3	45,653
Percentage of health care expenses in GDP**	5.7	10.6	9.4	9.6	9.7	10.9	9.1
Organisation of health care	Central	Central	Central	Semi-central	County-based	Province-based	Central

Comments: * USD, 2013, The World Bank information; ** %, 2013, The World Bank information; ***

The United Kingdom

A comparative analysis was drawn up for the countries, involved in the survey, on their respective sphere of responsibility at first contact care level (for the purposes of Estonia, family doctors' system) and terms and conditions for outpatient referral various specialists in case of **scheduled gynaecological and psychiatric assistance** and for the treatment of **traumas, tuberculosis, eye diseases, sexually transmitted diseases**. These are all specialities that won't require a referral in Estonia to contact a medical specialist.

The issues to be studied were specified in the contract notice as questions to be discussed. These can be divided into the following groups:

- Introduction of organisation of health care system in the country:
 - introduction of first level health care system;
 - introduction of scheduled specialised medical care system.
- sphere of responsibility at first contact care level and terms and conditions for outpatient referral various specialists in case of the following specialities:
 - trauma;

- tuberculosis;
- eye diseases;
- gynaecological assistance;
- psychiatric assistance;
- skin diseases and sexually transmitted diseases.

The authors used the specified information to prepare a questionnaire in English, which was then approved by the customer before sending it to the experts of the countries involved; after the approval the questionnaire was sent out to the experts concerned (the first stage). The answers from the experts were then used to prepare the first intermediate report, which included systemised information on every compared country, involved in the analysis. The intermediate report was discussed with the representatives of the customer and then the customer's contact person and the customer's contact person then prepared **a table of comparative analysis**; the Estonian Health Insurance Fund added information about Estonia to this table as an example. The structure of the table was used to prepare the final report. After the intermediate report was discussed and comparative table was completed, the results were validated by sending the information available to another expert of each country involved for supplementation (the second stage).

As the nature of the studied issues is not very common and finding information from public sources would be rather complicated, the input collected from **experts of foreign countries** was mostly used as the bases for the study. People who know the health care system of the country concerned well (doctors, for example) were mostly used as experts during the first, data collection stage of the survey. During the second stage, research specialists of universities that teach family medicine in the countries concerned took the role of experts. The authors received their contact information mostly from the Head of Chair of Polyclinic and Family Medicine of the Faculty of Medicine of the University of Tartu. Skype interviews were held with three of the experts to obtain a clearer overview of the systems; where necessary, the experts were asked to provide additional information in writing.

The use of standardised questionnaire and table form represented an attempt to allow the comparison of collected information by countries. During the second stage, information about Estonian system was also added into the table, as an example, to be sent to the experts. However, we must keep on mind that the input, received from experts, still remains somewhat heterogonous.

As there were multiple research subjects, it was not possible to get into details with every question. The report includes the most important features of the system; due to limited scope of the survey it was not possible to get into each subject in-depth, as each and every topic is worth a separate report.

2. INTRODUCTION OF NATIONAL HEALTH SYSTEMS IN COUNTRIES COMPARED

2.1.

2.1.1. Finland

In Finland, the first contact level of health system is organised as a **system of health centres**. The different size of the health centres influences their respective role a lot: there are small health centres that only have a doctors and a nurse where you can only give certain blood samples and patients will be referred to a medical specialist. Majority of the health centres are larger, engaging several doctors and reception of a number of different specialists is available. Some of the health centres are separated from hospitals that offer specialised medical care; some are located at such hospitals.

The core team of health centres mostly includes **doctors** (by rule, a general practitioner or a specialised general medicine practitioner; there're no family doctors in Finland, but general practitioners), **nurses** (nurses of different levels; specialised nurses: e.g. diabetes, asthma, wounds) and **physiotherapists**.

Health centres often have the capacity to offer the following services: X-ray, laboratory, home nursing. Services are also bought in from various specialists (e.g. MRT bus, receptions by cardiologist, psychiatrist¹, lung specialist, urologist, otorhinolaryngologist (ear, nose and throat specialist), radiologist, etc.). The offered services and analyses are different in different health centres and regions. Health centres also have special wards with beds that offer inpatient services.

The most common services, available at the first contact care level, are the following:

- scheduled and emergency reception by doctors; outpatient treatment of patients (emergency care and patients arriving for follow-up treatment);
- home visits and home-based treatment (home visits are usually made by nurses, doctors only make home visits very seldom);
- health care at retirement homes;
- physiotherapy;
- preventive medicine;
- monitoring of pregnant women and infants (with the exception of scheduled ultrasound surveys and prenatal screening tests for various embryonic diseases, pregnancy pathologies);
- school health care (school students, students).

Reception hours at first level (incl. doctors and nurses) are usually on working days, from 8 am through 4 pm². By general rules, only emergency patients are admitted at health centres during weekends, public holidays and in the evenings, at night (from 10 pm through 8 am) only patients who require emergency assistance will be received at emergency care departments.

¹ Some of the health centres also have a mental disorders unit, where psychiatric patients are observed by nurses with special trainings. The centres are visited, once or twice per month, by psychiatrist who works with more complicated cases.

² The reception hours have been limited over time. There are health centres where reception can be booked for 8 am through 3 pm and a general practitioner will be on watch from 8 am through 8 pm; later the general practitioner's watch was cut down to a period from 8 am through 6 pm and then from 8 am through 4 pm.

More specific organisation of reception will depend on house rules of the institution.

Emergency patients are usually given an appointment with family doctor either on the same day or within three working days. Scheduled patients may have to wait for up to three months to be admitted.

Counselling by means of communication is also used. By general rules, calls from patients are answered by a nurse who will also determine whether there will be some need for treatment. Nurses will decide whether home-based treatment is an option and will book, whenever necessary, the patient an appointment with the nurse or the doctor.

Patients will be required to make a contribution for the use of first contact level services in the following occasions:

- self insurance for the appointment with by general practitioner (up to three times a year or annual fee), emergency admittance is subject to a separate fee;
- charges for treatment services, provided at home;
- fee for inpatient days of treatment;
- a fee for the issue of various certificates (incl. medicinal products at discount, application for a longer period of incapacity for work, certificates on health conditions, etc.).

The system for reimbursing the expenditures to the patient will depend on the local authority and its rules; different local governments use different compensation mechanisms. Some of the expenditures, made by the patient, will be also reimbursed by KELA (the Finnish Health Insurance Fund).

Biggest strength of the system:

- major work will be done with patients at first contact care level, which means that substantial analyses and examinations have often been carried out by the time the patient is admitted by a medical specialists. This will reduce the work load of medical specialists and also shorten queues and reception hours.

Biggest weakness of the system:

- lack of first contact care doctors;
- specialised medical care is concentrated under bigger hospitals that may be located even more than 100 km from the first contact care level place of admittance.

2.1.2. Denmark

The main health care services (incl. admittance by medical doctors, to hospitals, midwife, eye doctor etc.) are free to the citizens of Denmark³. Some specialists (e.g. physiotherapist, dentist and psychologist) offer their services for a charge, but of the patients are referred to specialists by their family doctor (*general practitioner*), the national insurance system will cover about 2/3 of the expenses; without a referral, patients are expected to bear all the related costs⁴.

³ In Denmark, health care services usually have a general (universal) nature and freely accessible to everyone registered in Denmark and holding a personal CPR number (personal identification code).

⁴ In Denmark, there is also a private insurance system that covers a part of the Danish and will cover some of the expenditures related to medical services available for a charge.

At first contact care level, the first and primary contact person for patients is their **family doctor**. Family doctors will hire themselves **nurse(s)**; in addition, co-operation is possible, for the purpose of provision of the services, with nurses and other staff, hired by the local government (for example, to take care of the elderly). Family doctors work at **family practice centres/health houses** (in larger cities) **or their own practices/clinics**, which are usually not located under the same roof with providers of specialised medical care services. The number of family doctors in health houses varies; usually there are 2–3 doctors per practice. The sphere of responsibility of family doctors mostly includes health promotion, prevention of health problems, diagnosing diseases, treatment and counselling the patients. In rural areas family doctors will also carry out minor operations and treat smaller traumas.

At first contact care level, the admittance hours are usually from 8 am through 4 pm. After 4 pm, during weekends and public holidays assistance is available within the framework of outside-hours services, which are organised by the association of family doctors. The service is available from all towns and counties (by family doctors), except Copenhagen, where outside-hours services are provided at national level (offered by family nurses and doctors).

Family doctors' practices are required to offer their patients an appointment within 5 days as of receiving the request from the patient. In emergency situations – whether this is an emergency or not, will be decided by family doctors or nurse – the patient can be admitted on the same day.

Family doctors will also consult their patients by e-mail and over the phone. Patients can register themselves for an appointment and request medicinal products within *online*-environment. They can also use the options, made available by telemedicine (e.g. in the case of a patient with a skin problems, a photo can be taken and forwarded to a dermatologist by e-mail who will then respond within a couple of days). All referrals and prescriptions (and also majority of the other documents) are electronic.

The first contact health care services are free to all the citizens of Denmark. Patients will be required to pay upon application for a driving license or documents required to travel to exotic countries, also for medicinal products available with a prescription; the first contribution is 65 euros and after that the contribution will be reduced; very expensive medicines will be 100% funded by national health care insurance.

Expenses won't be refunded to patients; the only exceptions are the elderly and people whose health has been deteriorated by their sickness so badly that they no longer can see their doctor independently. They can use state level taxi services to see their doctor; the services are free but the family doctor will decide who will be entitled to the service.

Biggest strength of the system:

- general (universal) availability of services; most of the services are free of charge for patients.

Biggest weakness of the system:

- lack of first contact care doctors;
- decline in quality, which is caused by excessive focus on efficiency and control over expenses.

2.1.3. The Netherlands

The health care system in the Netherlands is based on **private insurance**. Apart the insurance, there is a tax return system (depending on income level, 36–52% of expenditures will be refunded) for medical expenses that are not covered by insurance.

The central first contact care level service provider in the Netherlands is a **family doctor**; in addition, there are first contact care **nurses, dentists** and **physiotherapists**. Family doctors often hire themselves an **assistant** to work at their practice and fulfil both administrative and medical tasks; so-to-say, nurses to fulfil regular tasks and a mental health nurse. Family doctors have either **individual or joint practice**, mostly as sole proprietors, only a few family doctors work at practices where another family doctor is an owner. Most frequently, on family doctor's practice has two family doctors. In most cases, family doctors don't share a building with specialty medicine doctors.

First contact care level provides all the services that are required to keep people healthy. Family doctors carry out medical examination and treat the most common diseases. Health care services and medical assistance are also provided by specialised nurses, physiotherapists, activity therapists and dentists.

Appointments can be made at first contact care level on working days, from 8 am through 6 pm. Outside the regular hours, watch teams, organised by family doctors, are available for help. By general rule (according to the expert, in more than 90% of the cases), appointments to family doctors will be available on the same or the next day after contacting the family doctor.

Consultations with family doctors are possible over the phone and by mean of a web camera, however, by general rule, eye-to-eye consultations with patients are preferred. There is also a medical health website, www.thuisarts.nl, which is used by 70% of the population, and that is funded and maintained by family doctors together.

First contact care level services are fully covered by insurance. Expenses are not compensated, but this is not necessary as the insurance will pay for the services.

Biggest strength of the system:

- all the most important health care services are available.

Biggest weakness of the system:

- upkeep of the system is expensive.

2.1.4. Canada

In Canada, provinces and territories are responsible for the provision and administration of health care services in their respective region and for covering the related expenses. Provinces and territories run their universal health insurance programmes, which extend to all the residents. Some Canadians have employer's health insurance, which is also known as **extended health care plan**. This represents a shared contribution by employer and employee to cover various health care service costs (e.g. expenses on medicinal products, dental care, physiotherapy, glasses) and will allow then the use better/more comfortable wards/rooms and aids in hospital.

Family doctor is the first contact person for a patient, who will also refer the patient to specialised medical care, where appropriate. In addition, first contact care providers include **nurse** (*nurse* and

*nurse practitioner*⁵), in certain occasions also a dietician, physiotherapist and social worker. Offices of family doctors may be located in larger **health care centres** that offer accommodation to doctors of various specialities, who do not necessarily work together. Many family doctors work in their own offices. First contact care level includes the provision of the following services:

- working with minor and most common health problems;
- mental health care, psycho-social services;
- monitoring during pregnancy and monitoring of children;
- co-operation with providers of home nursing care services;
- health promotion and prevention of diseases;
- nutrition counselling;
- care of the elderly.

Appointments can be made at first contact care level on working days from 8 am through 4.30 pm. Outside the regular hours, assistance is available from walk-in clinics, which are mostly run by doctors, and emergency medicine departments of hospitals. Most provinces and regions have 24 hour free telephone service (*telehealth*), where consultations are offered by nurses. Certain requirements have been established or stimuli created for family doctor practices that are funded at national level (in Ontario, for example, first contact care doctors will be paid 20% extra benefits for offering specific health care services outside their regular hours) to offer registered patients assistance after regular hours. Some family doctors have pooled their efforts on weekends to offer watch shifts.

Guaranteed waiting time will depend on the health of the patient: if a family doctor has an opening, the patient will be admitted on the same day and in cases of emergency situations – immediately.

There are help lines that patients can call to get assistance over a phone.

Medicare (Canada's health insurance system, which is funded at national level) does not cover all the services that family doctors offer. Patients will be usually required to pay for medical and other services, which are medicinally "not indicated", e.g.:

- making copies of schedules or sending these to the patients;
- visit charges in case of non-appearance to an appointment;
- vaccination and issue of travel documents;
- issue of insurance form;
- repeated issue of prescriptions over the phone;
- removal of skin formations for reasons related to cosmetic beauty and not the threat of cancer.

⁵ The main difference of *nurse* and *nurse practitioner* is the fact that *nurse practitioner* may prescribe medicinal products for a patient and request tests and analyses to be run. Nurses assist family doctors and advise patients, yet are not as highly specialised as *nurse practitioners*.

There is no system for reimbursement of costs, unless the patient is covered by an extended health care plan (available from employers).

Biggest strength of the system:

- all people have access to well-regulated health care system with a good quality.

Biggest weakness of the system:

- problems with availability of health care services in rural and peripheral areas, but also in urban areas where the number of providers of required services is limited outside the regular hours and therefore, emergency care services are used in situations that do not require emergency involvement.

2.1.5. The United Kingdom

First contact care services are offered to patients by **family doctors** (*family practitioners*). Family doctors will hire themselves **nurses** and the rest of the team. **Health care assistants**, who take blood sample and carry out other routine tasks and participate, for example, in flue vaccination programmes, are also a part first contact care services. Health care assistants do not have the qualifications of a nurse, but they do have the qualification that is required to fulfil the listed tasks (they will have to pass the appropriate courses). They will be paid lower wages but thanks to the use of their labour the availability of the services is better. **Dentists, community pharmacies and optometrists** are also a part first contact care services. Family doctors usually practice as sole proprietors and form groups of 4-6 members.

First contact care services include medical examination of patients and treatment of most common diseases. Family doctors carry out medical examination of children and work with mental health problems. First contact care services also include registration of patients, keeping patients' records and (re)calling patients to screening.

Different institutions have different regular hours. Family doctors are required to offer their patients assistance on working days, from 8 am to 6.30 pm. In general, providers of first contact care services are closed on Sundays, in the evenings and offer limited services on public holidays. Walk-in centres offer their assistance outside the regular hours of family doctors' practices (i.e. from 6.30 pm through 8 am, weekends and national holidays). These are contractual service providers; services are managed and funded by the NHS (national health care service) and this is free for patients.

Family doctors may consult patients one-to-one, over the phone or by e-mail or by using a special computer programme. In practice, this will depend on the family doctor; phone counselling is rather common. NHS111 offers health related counselling and information 24 hours per day.

There are not guaranteed waiting times at first contact care level. Family doctors are required to offer the services fast, depending on the condition of the patient.

First contact care services are free for the residents of the UK; however, fees are applicable to prescription medicinal products (exemptions apply to children until the age of 18 and people older than 60). It is possible to purchase a pre-paid certificate; this will be cheaper than paying for prescription medicine products every. Paid services include dental services, eye doctor (for those aged 19–59 and healthy), wigs (with certain exceptions: free for persons younger than 16 years;

aged 16-18 full time students; patients treated at hospitals; pensioners who have been to a war and are diagnosed with a disease that results in the need to wear a wig and who hold a certificate of a pensioner who has been to a war).

Travel expenses will be reimbursed to individuals matching the following criteria:

- individuals who have a spouse/partner on subsistence benefit or complying with NHS's low income scheme criteria;
- individuals, whose travel is linked to getting service, funded by NHS, which is not a first contact care level service or first contact care level dental service and the patient concerned has a referral from a family doctor, dentist or hospital consultant;
- in case of services that have been referred to patient by family doctor or dentist and the services concerned are being provided on a different day and not in the same building where the referring provide of health care services operates.

Biggest strength of the system:

- everyone has access to well-regulated health care system with a good quality; health care services are offered on the bases of need, and not solvency.

Biggest weakness of the system:

- waiting lists can be long; upkeep of the system is expensive.

2.1.6. Norway

Norway health care system is largely operated by the state. There are also some private clinics where an appointment can be made with special care specialists without a referral. Most people make use of the national system, as the private system is expensive, does not have a quality better than the national system and in more complicated cases, patients will be referred from private system to the state-run system.

Norwegian health care system can be described as **semi-centralised**. Four health authorities (RHAs) have been organising specialised medical care since 2002. Local governments are responsible for the provision and funding of first contact care level services (incl. rehabilitation, physiotherapy and nursing, but also provision of emergency assistance outside regular office hours) and they enjoy a great freedom in organising health services; there is not central organisation or control. Local governments are also responsible for public health and preventive measures. Although local governments play a huge role in organising health services, certain responsibility also lies with the central level. The goal is to maintain equal access to all the national services. For example, all decisions that concern the funding of family doctors will be adopted at the level of central government.

First contact care services are offered, during regular hours, by **family doctors** and outside the regular hours, by on-duty family doctors; they are also supported by telephone service. As it is the case of the other countries, Norwegian family doctors play a role of a "gatekeeper" for the purposes of health care system, referring patient to specialised medical care. Family doctors are responsible for health promotion and public health, they give patients (initial) diagnosis, treat easier health problems, issue sickness certificates, refer patients to

physiotherapists, chiropractors or care homes⁶, if appropriate, and issue referral to specialised medical care specialists. According to the contracts, concluded with local governments, family doctors are also required to offer on-duty doctor's services at local emergency and ambulance centres.

By general rule, several family doctors (usually 3–5) work together and hire themselves **administrative workers-assistants** (assistants usually fulfil some easier tasks expected of a nurse and the role of a secretary). In Norway, family doctors don't usually pair up with nurses, but hire an assistant who will help family doctor to carry out simple procedures, e.g. take blood, inject etc. Some family doctors will also hire a nurse, but this is uncommon as hiring nurses is expensive.

Usually several family doctors work together to pool their resources and acquire the required infrastructure (they pay to the assistants, for materials, etc., the government will also offer them some support) and rent the premises (some family doctors will purchase the rooms/house, but this will be more expensive).

Family doctor's practices must be open from 8.30 am through 3.30 pm. Every family doctor is not required to work these hours, family doctors „cover up” for each other. Outside the regular hours patients will usually contact ambulance that will remain open around the clock and operates in bigger towns; they also employ a family doctor who will examine patients and refer them to hospital, where appropriate. In rural areas, local government will organise the availability of 24/7 assistance: it is possible to call a secretary who will then refer the patients to the next level, where appropriate, counsel and assist. Different waiting times apply, depending on diseases and health condition.

Sometimes family doctors consult their patients over the phone or by e-mail, but this is not very common or compulsory for family doctors. The prices will be the same to patients as if they were attending appointment with their family doctor.

Everyone is expected to pay a small contribution: when attending a family doctor, approximately 15 euros every time⁷, about 300 euros per annum, as maximum (this also includes medicinal products in case of chronic diseases and visits to medical specialists), medical care services will be free, once the limit is exceeded⁸. Exceptions apply to plastic surgery, not caused by medicinal indications.

Health service providers who belong to the state system must not ask a contribution above the established limit from their patients. Patients' contribution is less than 15% of the total health budget. Home care and long-term nursing care have high contribution rates (up to 85% of person's income).

Certain groups of population are not required to make a contribution. Children up to 16 years old will get health care services and medicinal products, enlisted by the health insurance fund, for free; age group up to 18 can use dental services and services of a psychologist for free; pregnant women will get free medical examination during and after pregnancy; pensioners who get a minimum pension or pension for incapacity for work will get vital medicinal products and care services free of charge. People who suffer from certain diseases (e.g. HIV, AIDS) and patients who have injuries that result from occupational accidents will get free treatment and medicinal products.

⁶ Rehabilitation is available both at first contact care level (physiotherapy, professional therapy, etc.) and specialised medical care level (specialised rehabilitation). Long-term nursing care is available in three forms: at patient's home, care homes or sheltered homes and the services are administrated by local government.

⁷ When attending family doctor or special medical care specialists, incl. hospital treatment and day surgery, patients' contribution is, respectively, 141 NOK and 320 NOK per visit. Contribution will be also required in case of physiotherapy (different rates apply), prescription medicinal products (up to 520 NOK per prescription), radiology



and laboratory analyses (respectively, 227 NOK and 50 NOK).

⁸ Upper limit has been established for patient's contribution; in 2014 this was 2105 NOK (approximately 234 euros). Another limit is 2675 NOK (approximately 300 euros) and this applies to services like physiotherapy and dental services. These limits will not apply to long-term nursing care and medicinal products not included in discount lists of the Health Insurance Fund.

Tax payers who have to bear great expenses as the consequence of a permanent disease will enjoy tax benefits.

Compulsory health system includes the following:

- prescription medicinal products, approved by the Health Insurance Fund;
- preventive services: check-ups, screening, vaccination of new-born babies and children of school age, activities aimed at prevention of mental health problems (above all, for children and young persons), public health related efforts;
- first contact care services, incl. services of family doctor, physiotherapist and chiropractor;
- most specialised medical care services and hospital treatment (medicinal indications will be required for certain treatment, e.g. plastic surgery, for the expenses to be covered);
- emergency assistance, incl. specialised medical care provided outside the regular hours;
- nursing care services;
- dental care (for children and certain groups);
- medicinal eye treatment (except, by general rule, glasses).

Non-medicinal eye treatment and dental services of adults are not covered by state funds. Health care costs of less privileged people (e.g. pensioners, recipients of subsistence benefits, people on sick leave or parental leave, unemployed, adoptees, single parents) will be covered.

Transport costs may be reimbursed to a patient, if the family doctor considers it necessary, for example, considering the health of the patient. However, the system is rather bureaucratic and usually the decisions will be adopted and activities required to obtain reimbursement will be carried out before visiting the doctor. Should family doctor know that the patient requires transport, the family doctor will call a taxi and the patient does not have to pay; all the expenses will be covered from state funds.

Biggest strength of the system:

- all the health services are organised at national level; fees are low, compared to incomes and less privileged people can use assistance, which is available to pay for the health services.

Biggest weakness of the system:

- waiting lists can be rather long.

2.1.7. Sweden

First contact care services are usually offered in separate buildings that are called **care centres** (*vårdcentral*). These may be located close to hospital buildings.

First contact care services are offered by **family doctors** (*general medical practitioners*), whose area of responsibility includes medical examination and treatment of most common diseases. Where appropriate, family doctors will refer their patients to specialists. Apart family doctors, first contact care health and medical services are offered by specialists: **nurses, physiotherapists, activity therapists** and **dentists**.

Family doctors work at first contact care centres as teams; usually, one clinic has 4–6 family doctors. In addition, first contact health care services are offered by district nurses, nurses and often also physiotherapists, activity therapists, psychologists, social welfare specialists, midwives, children’s nurses, assistant-nurses and dieticians. There are very few practices with only one family doctor.

Working time requirements differ in different regions. For example, at Västra Götaland, first contact care centres are expected to receive patients at least 45 hours per week. Appointments must take place on working days. First contact care centres will be required to ensure patients with assistance outside the regular hours (on working days, at least up to 10 pm and during weekends and holidays at least six hours a day), but several centres may pool their resources to comply with this requirements; more specific regulations will be adopted by county.

According to waiting time guarantee, the patients have been granted the following rights:

- patients must get into contact with first contact care level health service providers on the day they address the provided (e.g. regional health clinics or phone consultancies);
- patients must have the opportunity to get a specialist’s appointment within seven days.

There is no maximum waiting time established for emergency care; patients must be admitted as soon as possible. Outside the regular hours patients must have the opportunity to get information about available appointment times over the phone; patients must receive assistance both over the phone or when attending the centre.

There is public *online*-database that contains facts and advice about various health conditions; it is also possible to ask questions, anonymously, in web. There is also 24/7 helpline service that patients can call to ask for advice.

Counties will establish the charges on doctors’ visits and other health care services; in practice, these are largely the same in different counties. The prices of both county specialists and private specialists, hire by countries, are the same.

Hospital fees must not exceed 100 SEK (which is approximately 11 euros); attending doctor at care centre will involve a charge of 100–300 SEK. Charges for attending a gynaecologist or paediatrician will be 200–350 SEK. 50–220 SEK will be charged for a visit to/by physiotherapist and nurse. The visit charges of other specialists are around 150–350 SEK. Charges for using ambulance are 220–400 SEK. There won’t be usually any extra charges for analyses and tests. Etc. Gynaecological screening (e.g. mammography, PAP smear) can cost around 200 SEK. Some counties have established charges on ambulance/emergency care and helicopter services. The upper limit for costs of prescription medicinal products, issued by a doctor, nurse or other provider of health services, is 2,200 SEK; this does not include medicinal products that do not require a prescription. Every county will establish upper limits for expenses that can be charged on medical supplies and travel expenses.

All over Sweden, attendance of pregnancy and child health care centres is free. School medical appointments and vaccinations are all free. Most counties will not charge dependant young person’s up to the age of 20, any charges for services provided by health care centres, youth centres and specialised medical care services.

Some counties will refund the charges if a patient will have to wait longer than promised. Patients missing their appointment will still have to pay for the visit.

Upper limit (*high-cost protection*) has been established for all the health services; the respective rate is the same for all counties. The annual upper limit per patient is 1,100 SEK (117 euros). Once

this limit has been reached, the patient will no longer have to pay for any services that respective year.

The following expenses will not be included for the purposes of calculating the upper limit:

- hospital bed day charges;
- vaccination;
- other preventive services, e.g. mammography screening;
- visits not attended by the patient;
- expenses related to the issued of copies of medical documents;
- dental service expenses.

Biggest strength of the system:

- cost protection system; i.e. annual maximum limit for patient's contribution applies for every patient.

Biggest weakness of the system:

- depending on region/county, referral is always not required to access specialised medical care, which imposes too much load on the specialised medical care system.

2.1.8. Conclusion

In countries included in comparison, the first contact level health care is provided in either **health/care centres**, which are run by specialists of several spheres, **family doctors' centres**, where patients are received by several family doctors, or family doctors that run **single practice**. The circle of first contact care service providers is varied by countries, but definitely includes a **family doctor**, usually also a **nurse**. In most cases, family doctors and specialists do not share the same building.

The sphere of responsibility of family doctors usually includes health promotion, prevention and anticipation of health problems, diagnosing diseases, treatment of easier and most common diseases, issue of certificates and prescriptions for medicinal products and referrals to specialists.

Appointments to see a doctor are usually made on working days; appointment times are somewhat varied, but usually remain between 8 am and 4 pm. In most countries, counselling by phone or often also by e-mail is possible. Some countries have established requirements on waiting time at first contact care level; by general rule, patients must have the ability to get an appointment with first contact care service providers within a week.

Whether patients have to pay a contribution and what are the contribution rates, differs in different countries. In Norway and Sweden, patients will have to pay for services; however, there is a maximum high-protection limit established and once the limit is exceeded, patients will be no longer required to pay for the services. Cost reimbursement systems are also different; in some countries, transport/travel costs will be compensated to patients.

Experts suggested different circumstances as the strengths and weaknesses of the system. In most cases, quality and variety of the services was highlighted as strength. High maintenance/upkeep costs of the system and long waiting times were the most common weaknesses specified.

Table 2. Short overview of first level health care system in countries compared.

	Finland	Denmark	The Netherlands	Canada	The UK	Norway	Sweden
Organisation of first contact health care	Health care centres	family doctors' centres or family doctors' clinics	family doctors' centres	(health) care centres, separate family doctors' offices	family doctors' centres	family doctors' centres	(health) care centres
Main team of first contact care level health care	general practitioner, nurse, physiotherapist	family doctor, nurse	family doctor, assistant, nurse, physiotherapist, dentist	family doctor, nurse	family doctor, health care assistant	family doctor, assistant	family doctors, nurses, physiotherapists, activity therapists, dentists
First contact care appointment time	on working days 8 am–4 pm	on working days 8 am–4 pm	on working days 8 am–6 pm	on working days 8 am–4.30 pm	on working days 8 am–6.30 pm	on working days 8.30 am–	Different in different countries
Waiting time guarantee	absent	5 days	absent	absent	Absent	Depends on pathology	7 days
Use of means of communication	telephone	e-post, telephone	telephone, web camera	telephone	e-mail, telephone, special programme	e-mail, telephone	telephone, web
Patient's own contribution	Yes, for certain services	absent (except medicinal products and certificates)	absent (covered by insurance)	Yes, for certain services	absent, except medicinal products, dental services, eye tests, wigs	Depends on service	Depends on service, maximum annual limits are established
Reimbursement of expenditures to patients	Depends on local government	Expenses won't be reimbursed, except in cases of private insurance or of health condition requires the use of a taxi (this will be decided by family doctor)	absent	absent (except in case of an extended health plan)	Available (compensation of travel costs to less privileged patients)	Transport costs (this will be decided by family doctor)	absent
strength	Most important services are available at first contact care level	Most services are free for patients	Multiple services	Multiple services	Good access	Multiple services; charges are low, compared to income	High-cost protection system
weakness	Shortage of doctors	Shortage of doctors	Expensive	Shortage of doctors	Long waiting times, expensive	Long waiting times	Referral is always not required and this causes overload on specialised medical care system

2.2. Referral from first contact level to specialised medical care level

2.2.1. Finland

To get an appointment with medical specialists, patients must have a **referral** from a general practitioner. Without a referral, appointment can't be made with a medical specialist, except in emergencies and some medical specialists (e.g. gynaecologist). Requirement for referral is not dependent on the type of health care institution. Referral must be substantial and set out the following information, as minimum:

- earlier diseases, surgeries, etc.;
- current disease and course of diseases;
- tests and analyses that have been carried out (unless available to medical specialists by electronic means);
- cause of referral.

Sample referral (in Finnish language) is available here: http://www.edufin.fi/kuntalomake/html/e/s6481-Z_n.pdf.

Referral will be not required if a medical specialist will receive patients in the same health care centre with the general practitioner, i.e. in cases where patients use the specialised medical care services, commissioned by the health care centre. Without a referral, specialised medical care will only be available in emergency cases when a patient is taken straight to a medical specialist by ambulance. Ambulance will decide whether the patient is to be taken to a hospital or to an appointment with on-duty medical specialist. Patients who are not in a very severe condition will be taken, by the ambulance, to health care centre where general practitioner will carry out the basic set of tests and analyses and decide whether the patient will need specialised medical care or not. Easy traumas (wounds, simple cases of broken bones) will be treated at health care centres; some health care centres have X-ray apparatus and the opportunity to put the broken limbs into a cast. In certain occasions, patients who suffer from chronic diseases can make an appointment with a medical specialist without a referral, provided that they are attended by a medical specialist on regular bases.

Usually it is not possible to get a referral over the phone or by e-mail, without making an appointment with first contact care medical specialist. In Finland there is a requirement to have basic tests and analyses conducted and disease diagnosed (or at least supposed diagnose given) at a health care centre before a referral is given to specialised medical care. Patients will be always tested thoroughly at first contact care level before they are referred to specialised medical care. If, according to a medical specialist, this has not been done substantially enough at the first contact care level, the patient's referral will be referred back to health care centre doctor, with recommendations and comments, which should be examined before appointment can be made with a medical specialist. General practitioners will new the referral after making the required tests and analyses, etc.

After a referral is given, it will be sent to a central hospital to give the patient an appointment with a medical specialist. Depending on the centre the referral will be either issued by general practitioner on paper or communicated by registration secretary. Most frequently the process is electronic; doctors will first enter the referral into computer; secretary will then give it an appropriate electronic form and return it to the doctor for checking and once the form is approved, to a hospital.

2.2.2. Denmark

To get an appointment with medical specialists, patients must have a **referral** from family doctor. Referral will be required even in the case of a private insurance as this must cover health care service related expenses. The process for the issue of the referral is the following: family doctor will issue a referral to medical specialist and the patient will receive a notice about the suggested appointment, as a letter, message or e-mail, from the hospital/medical specialist. Family doctor can register the patient for a scheduled appointment with a medical specialist. It is also possible that a family doctor will give a referral that won't be sent to medical specialist/hospital, but the patient will use the system to choose a medical specialist and the medical specialist will then suggest a time for the appointment (e.g. for patient's visit to town to where the appointment will take place). With some medical specialists, patients will be required to register themselves, either over the phone or by means of Internet.

There is no standard, common, state level referral form. There are *online*-referral forms.

2.2.3. The Netherlands

To get an appointment with a medical specialist, a patient will be required to have a family doctor's **referral**, regardless of the health care institutions where the patient will be referred to, except in cases of emergency assistance. Patient's contribution will not depend on the presence of a referral; without a referral, it will not be possible to get an appointment with a medical specialist. In general, it is not possible to get a referral, using a phone or other similar channels; family doctor must first diagnose the patient and needs to see the patient for that purpose. One medical specialist may refer the patient to another medical specialist.

There is no standard, common, state level referral form; regionally accepted forms will be used. There is a sample Dutch College form (not available to public), and there are also guidelines available from different instructions, describing the entries a referral should have. Referral must include a diagnosis and other information, which is of importance for a medical specialist. In more than 80% cases, referral will be given electronically, by means of a secure web environment (www.zorgdomein.nl).

By general rule, patients will schedule an appointment with a medical specialist over a phone, after having received and completed an electronic form of referral.

2.2.4. Canada

To get an appointment with medical specialists, patients must have a **referral** from family doctor (there are some exceptions, e.g. referral may not be necessary to make an appointment with a dermatologist; referral is also not required for cosmetic procedure, which are paid services; exceptions are different in different areas and hospitals). First examination of patients is carried out by a family doctor, who will then decide whether a patient will need to be referred to specialised medical care. Should a referral be necessary, family doctor will communicate an electronic referral to a medical care specialist, who will use the evaluation of family doctor to decide how urgent the patient's need for health services concerned is. In general, it is not possible to get a referral over a phone, without having first made an appointment with family doctor. Patients can schedule an appointment with a medical specialist after having received a referral from their family doctor. One medical specialist may refer the patient to another medical specialist.

Referral will include the following information: cause for referral, used medicinal products, earlier medical treatment history, results of tests and laboratory analyses, etc. There is no common format for referrals.

2.2.5. The United Kingdom

Regardless of the institution the patient is referred to, patients must have a **referral** from family doctor to get an appointment with a medical specialist. Patients' own contribution doesn't also depend on the existence of a referral, as referral will be always required. Family doctor may also schedule an appointment with a medical specialist; patients can only do it after receiving a referral from family doctor, on the bases of appointment request letter (appointment request letter means that a family doctor will give a patient access to computer system where patient can schedule a suitable time for an appointment) or over a phone.

Family doctor will not give a referral, using a phone or e-mail etc., it is necessary to pay a visit to family doctor. Referral won't be necessary in the following cases: patients addressing sexual health clinics, in case of traumas, accidents and emergencies.

There is no standard, common, state level referral form; each region has its own referral. Referral must include sufficient information that a medical specialist can use, incl. patient's medical records and course of the disease.

There is a national form of referral for patients suspected to have a cancer⁹.

2.2.6. Norway

To get an appointment with medical specialists, patients must have a **referral** from family doctor, with the exception of emergencies. There is no standard form available for a referral.

The following procedure will apply to make an appointment with a medical specialist: patients are recorded in an electronic system and should a family doctor refer a patient to an appointment with a medical specialist, the medical specialist can see it from the system. Patients won't be required to do anything to get an appointment with a medical specialist; they will receive a confirmation (by letter or message) about the scheduled appointment. Referral can't be obtained without visiting the family doctor first.

2.2.7. Sweden

Requirements to a referral depend on a region, not speciality. Apart doctors, nurse of children's health care centre and some other service providers can issue referrals. In certain cases, patients don't need a referral to make an appointment with a medical specialist; however, without a referral expenses may be higher and waiting times longer; also,

⁹ <http://www.birminghamcancer.nhs.uk/staff/rf/gp-urgent-2-week-wait>;
<http://www.londoncanceralliance.nhs.uk/information-for-healthcare-professionals/forms-and-guidelines/south-east-london-cancer-network/urgent-referrals-from-primary-care/>

For additional information see: <https://www.nice.org.uk/guidance/ng12>

a medical specialist may request conduct of certain tests and analyses at first contact care level, etc. Some clinics will always request a referral.

In many counties it is possible to make an appointment with a medical specialist without a referral. Some clinics ask patients to write a letter upon registration (setting out description of patient's health problem and an explanation, stating why treatment is needed) or complete a special form, but only provided that referral is not required to make an appointment with a medical specialist in the county where the patient wants to make an appointment with a medical specialist or in the patient's home county. When the patient's home county will request a referral to make an appointment with a medical specialist, this will be needed also if the patient wants to make an appointment with a medical specialist in another county.

If a patient is given a referral, he/she may consult his or her doctor to decide where to make an appointment with a medical specialist. Once there is a referral, the patient doesn't have to do anything to make an appointment with a medical specialist; s/he will be sent a letter to attend the appointment once the clinic concerned has scheduled the time for appointment.

Referral will include information about the assistance required by patient, description of symptoms, information about earlier diseases and health problems. There is no standard form available for a referral.

2.2.8. Conclusion

In most of the countries, included in the comparison, patients must have a referral from their family doctor to make an appointment with a medical specialist. Sweden, where referral is not required on some counties, is an exception. Finland is the only one of the countries, included in the comparison, which does use a common standard form of referral. In countries compared, it is not possible to get a referral without first making an appointment with family doctor; family doctors want first to meet their patients to give a diagnosis.

The systems for making registrations with medical specialists are different in compared countries. In some countries, appointments are scheduled by family doctors and patients will get a confirmation about the scheduled appointment time either by letter or SMS; in some countries patients will have to make an appointment with a medical specialist themselves; in some countries both patients and family doctors can make an appointment with a medical specialist.

Table 3. Short overview of a system for getting a referral to a medical specialist in countries compared.

	Finland	Denmark	The Netherlands	Canada	The UK	Norway	Sweden
Will referral be needed?	yes	yes	yes	yes	yes	yes	depends on county
Is there a common standard referral form?	yes	no	no	no	no, except in case of suspected cancer	no	no
Is it possible to obtain a referral without first meeting with family doctor?	no	no	no	no	no	no	no
Who will register patients for an appointment with a medical specialist?	family doctor	family doctor or patient	patient	patient	family doctor or patient	family doctor	family doctor

2.3. Short overview of specialised medical care systems

2.3.1. Finland

Specialised medical care services are usually provided at hospitals; however, appointments may also take place outside hospitals (e.g. *etäpoliklinikka*).

Family doctor will comment, in the referral, how fast the patient should get an appointment with a medical specialist: on the same day, within 1–7 days, within 8–30 days, within 30 or more days.

Patient's contribution is not required upon using specialised medical care, with the exception of bed day charges in case of inpatient treatment in hospitals. In case of certain diseases, KELA will reimburse, based on a patient's request, also expenses that related to tests and procedures, carried out in private sector (e.g. *in vitro* fertilisation).

2.3.2. Denmark

Specialised medical care services are provided both in hospital buildings (mostly in smaller towns) or in separate specialised clinics (usually in larger towns).

Most specialised medical care services are free for patients (chiropractor's services represent an exception). Patients will be required to pay for medicinal products and patients older than 18 years, who don't have a private insurance to cover the related costs, will also have to pay for dental services.

The maximum permissible waiting period to specialised medical care services is one month. If a state hospital is unable to provide the required health services within this period of time, patients will be referred to private clinic (or sent abroad for a treatment); the state will then pay for the services.

The system for reimbursement of costs in Denmark is similar to first contact care services in the case of specialised medical care services. Expenses are not reimbursed to patients, except elderly persons and people with health problems that will weaken their organism so bad that they will be unable to attend doctor on their own. They may request state tax services to attend their doctor – it will be up to family doctors to decide who can make use of the services.

2.3.3. The Netherlands

Specialised medical care services are usually provided in larger hospitals; patients are also free to choose a private practice, but this is done very seldom as the quality of services, offered in hospitals, is as good as in private practices.

Depending on insurance type, people can use various specialised medical care services free, i.e. patient's own contribution will depend on the insurance package. Patients can choose medical specialist or hospital that they prefer, but then the charges will be as much as 20% higher. Some insurance schemes will cover all the specialised medical care and hospital services, but are then, by general rule, also 5–10 euros per month more expensive (average insurance rates are 70–140 euros per month).

Expenses are not reimbursed to patients; by general rule, they are not expected to bear any service-related expenses themselves but may be later invoiced by insurance in case of costs, which are not covered by insurance.

There are no guarantees for waiting time. Patients can use web application of referral to obtain information about waiting times in hospitals.

2.3.4. Canada

Specialised medical care services are usually provided in hospitals; however, more and more services are becoming available in private practices outside hospitals.

Specialised medical care services have waiting time guarantees, depending on the region and the urgency of the case¹⁰.

Patients don't have to make their own contribution in case of medical, diagnostic and hospital care services that are funded at the state level. All prescription medicinal products, available from hospitals, are funded by the state; patients' contribution for prescription medicinal products that are required on daily bases will vary by provinces and territories. Doctors are not allowed to charge a fee that exceeds the established limits from their patients.

Specialists usually get paid according to *fee-for-service* principles; in most provinces, the rates of fees are similar to those charged by first contact care level family doctors. Specialists, who are employed by the national system, must not charge the patients for services, covered by national insurance scheme.

There is no system for reimbursement of expenditures.

2.3.5. The United Kingdom

Specialised medical care services are usually provided in hospitals.

Specialised medical care waiting time guarantee will be 18 weeks as of the referral, unless patients prefer to wait longer or their conditions allows for longer waiting time or even favours it (patients who need to lose weight or quit smoking; certain tests need to be conducted) or patients who have missed their appointment without a good reason. Waiting time guarantees won't be extended to mental health services¹¹, where the waiting time will be scheduled by service provider, pregnancy-related services (expecting women will attend their doctors on the bases of a regular schedule) and public health care services that are organised by local governments (e.g. services related to sexual health; usually patients can contact the service provider directly or a referral from family doctor won't be required to use these services).

Patients will be only required to pay for prescription medicinal products; the system is quite similar to first contact care level.

The system for reimbursement of costs is similar to first contact care services. There is no self-contribution; in some cases, compensation for travel costs may be available:

¹⁰ See, for example, <http://www.edmontonsun.com/2015/04/20/wildrose-announces-wait-time-guarantee-for-albertans> and http://www.health.gov.nl.ca/health/wait_times/national_benchmark.html.

¹¹ Services which are available within the framework of the IAPT (*Improving access to psychological therapies*) system.

- individuals who have a spouse/partner on subsistence benefit or complying with NHS's low income scheme criteria;
- individuals, whose travel is linked to getting service, funded by NHS, which is not a first contact care level service or first contact care level dental service and the patient concerned has a referral from a family doctor, dentist or hospital consultant;
- in case of services that have been referred to patient by family doctor or dentist and the services concerned are being provided on a different day and not in the same building where the referred health care services operates.

Family doctor may grant permission for the use of free transport to people who can't visit a medical specialist in their place of living, e.g. people in a wheelchair, sick people or those who don't have their own means of transport.

2.3.6. Norway

Some of medical specialists work at hospitals and some have their private practice. For the latter, the system is no different from the scheme employed by family doctors: several medical specialists may pool their resources to work in the same practice.

Waiting time is different for different pathologies. If the state system is unable to ensure patient with the required service within the specified period of time, the patient will be referred to private system.

Patients' contribution system is similar to first contact care services (see chapter 2.1.6). Patient will be required for a visit to medical specialist, except in case of treatment in hospital, which will be free for patients. The upper limit for patient's contribution is approximately 300 euros per year; this includes visits to both family doctors and medical specialists.

The system for reimbursement of costs is similar to first contact care services (see chapter 2.1.6).

2.3.7. Sweden

Specialised medical care services are often provided in clinics, which are parts of hospitals and located in hospital buildings, but there are also clinics that operate and are located separately from hospitals (e.g. private clinics that have concluded a contract for the provision of health services with county authorities).

According to waiting time guarantees, patients will have the following rights available¹²:

- patients must have an appointment with a medical specialist within 90 days;
- treatment must be available within 90 days.

If a patient won't get help from the referred health care institution within the promised waiting time, the patient must be offered an opportunity to get the treatment in another health care institution (where appropriate, in a different region or county).

Waiting time guarantees will not apply in the following cases:

- repeated visits;
- if a patient should wait longer, for medical reasons;

¹² Additional information about waiting times is available at: www.vantetider.se.

- medical services, e.g. laboratory tests or ultrasound;
- examinations and tests;
- various aids, with the exception of hearing aid;
- in cases where patient refuses from treatment at a certain health care institution;
- when patients wish to be treated at health centres or clinics that are not located in the patient's official registered location.

Counties will determine charges for doctors' visits and other health care services; in practice these are quite similar in different counties. The rates charged by both county-provided services (i.e. public sector services) and private medical specialists, who have entered into contracts with counties, are quite similar.

Hospital fees must not exceed 100 SEK (which is approximately 11 euros); attending doctor at care centre will involve a charge of 100–300 SEK.

Charges for attending a gynaecologist or paediatrician will be 200–350 SEK. 50–220 SEK will be charged for a visit to/by physiotherapist and nurse. The visit charges of other specialists are around 150–350 SEK. Charges for using ambulance are 220–400 SEK. There won't be usually any extra charges for analyses and tests. Etc. Gynaecological screening (e.g. mammography, PAP smear) can cost around 200 SEK. Some counties have established charges on ambulance/emergency care and helicopter services.

Some counties will refund the charges if a patient has to wait longer than promised. Patients who fail to come to the appointment will still have to pay their visit charges.

When patients are referred to another county or region (for example, as the required health services are not available from home county), the patient's home county or region will reimburse the resulting travel costs. When a patient is referred to a medical specialist, s/he may choose a service provider anywhere in the country, but the patient will then have to meet his/her own travel costs and won't then have the opportunity to enjoy the waiting time guarantee. Patients suffering from life threatening or very serious disease or injury and in case of complicated decisions will have the right to request the second opinion. This is not given by the patient's treating doctor, but another doctor either from the patient's home county or outside. The patient's home county will pay for the second opinion and compensate the patient expenses, resulting from travelling to another county.

Some clinics have long waiting lists. If assistance is required urgently, patient may ask to be referred to a clinic with shorter waiting lists. It is also possible to comment, in the referral, that the case concerned requires urgent appointment. The patient will be then treated as a priority. Clinic will decide how fast the patient will get an appointment with a medical specialist.

Patients are free to choose the service provider of their preference (anywhere in the country); i.e. they will decide which centre or clinic they want to use to make an appointment with a medical specialist. There's no difference whether the service provider is from public or private sector, if the expenses are covered by county. Should the patient decide to make an appointment with a medical specialist in another county, doctor will decide whether the patient's health requires the appointment. If yes, the patient will be treated on terms and conditions similar to the residents of the county concerned (e.g. the contribution rates of patients will be the same).

Patient's contribution does not depend on the presence of referral. Patient's contribution will depend on the type and location of assistance; various counties may apply different charges on health care services. Maximum limit is established for patient's contribution.

2.3.8. Conclusion

Specialised medical care services are available in both hospitals and private clinics in the countries compared. Waiting time can vary, from one month in Denmark to 18 weeks in the United Kingdom; in Norway and Finland the waiting time will depend on medical condition of the patient and in Canada will be different in different regions.

Patient's contribution for the use of specialised medical care services is also different in the countries compared. There is not patient's contribution in Finland, Canada and the United Kingdom; in the other Nordic countries the contribution will depend on service and in the Netherlands, on the insurance package. Costs resulting from visits to medical specialists will be refunded to patients in the United Kingdom and Norway.

Table 4. Short overview of specialised medical care system.

	Finland	Denmark	The Netherlands	Canada	The UK	Norway	Sweden
Organisation of specialised medical care system	Both hospitals and separate clinics	Both hospitals and separate clinics	Both hospitals and private clinics	Both hospitals and private clinics	Both hospitals and private clinics	Both hospitals and private clinics	Both hospitals and private clinics
Waiting time guarantee	To be decided by family doctor	1 month	Absent	Different by regions	18 weeks	Depends on pathology	90 days
Patient's contribution	Absent	Depends on service	Depends on insurance package	absent, except medicinal	absent, except medicinal products	Depends on service	Depends on service
Reimbursement of expenses	Available to certain procedures that are carried out in private sector	No reimbursement, unless in case of private insurance or health condition that requires the use of a taxi (at the discretion of family doctors)	No reimbursement of costs	No reimbursement of costs	Available (reimbursement of transport costs for the less privileged)	Transport costs at the discretion of family doctor)	Transport costs in case of an appointment outside place of living; costs resulting from second opinion

2.4. Short overview of specialties

2.4.1. Traumas

In case of traumas, patients will address, in case of more serious incidents (e.g. traffic accidents), accident and emergency medicine departments directly or without a referral from family doctors (e.g. in Denmark, Canada, the United Kingdom, Norway and else) and in case of easier problems, assistance will be available from family doctor. In Finland, many traumas are treated at health care centres (casts, treatment of wounds etc.) and it is quite common for health care centre doctors to consult with medical specialist, if appropriate – the issue, discussed most often, is treatment method. Consultations with medical specialists are also common in other countries; this works both ways; consultations may be also requested by medical specialist, who would want, for example, additional information about referred patient. Consultations are usually informal (doctors call each other or send e-mails). In the Netherlands, e-consultations become more and more common. In Denmark, most hospitals have a separate consultancy service that will allow family doctors to make a call to experiences specialists in hospitals and then to discuss whether the patient concerned should be referred to hospital or not.

In Norway, the United Kingdom, Sweden and the Netherlands patients will be examined, in case of minor traumas, by family doctor, who will refer the patient to a medical specialist, where appropriate. In Denmark, in most cases assistance will be provided by medical specialists of trauma clinics (in trauma clinics); in smaller towns and rural areas the respective role is fulfilled by family doctors (in case of smaller traumas, e.g. when X-rays will be needed, patients will be still referred to trauma clinics as family doctors' clinics don't have X-ray apparatus). The system is also somewhat different, by regions, regarding the referrals – in some regions, referral from first contact care specialist will be needed to attend accident and emergency medicine department, while in some regions (e.g. Copenhagen, the capital city) there are open access clinics that will admit patients without a referral.

In Canada, first contact care level does not work with trauma patients and they are handled by trauma centres. However, family doctor will be communicated all the information about the patient to allow family doctor to remain posted about the treatment and supplement the patients' records.

In general, there is a common understanding in the countries compared that of a family doctor has the capacity for diagnosis and treatment, s/he should do it. Patients will be only referred to an appointment with a medical specialist in case of traumas less familiar or unknown for family doctor, resulting in absence of skills and experiences, which will be needed for treatment. The role of family doctor becomes even more important in locations that are distant from higher centres (e.g. in Canada and Norway). There are usually no strict rules, which procedures (examinations, tests, analyses, etc.) should be always conducted at first contact care level, before referring the patient to medical specialist. The decisions will be adopted according to the specific situation and depending on the competence and experiences of family doctors. However, it is assumed that in general, family doctors will do something with the patient before referring him/her to medical specialist (unless, of course, immediate engagement of a medical specialist will be required). If in Norway, for example, some family doctor will refer patients to medical specialists with problems that the doctors should be capable of handling him/herself, the medical specialist will contact the doctor to learn why the family doctor concerned can't cope with his or her tasks.

There are many special work procedures, developed for family doctors that should be observed.

For example, the Dutch College of General Practitioners has prepared more than 100 different evidence-based guidelines¹³ on different diseases; in Denmark, there is also free access to

¹³ <https://www.nhg.org/dutch-college-general-practitioners>

substantial guidelines for first level contact care level¹⁴, prepared with funding from public sources; in Sweden, both local and national¹⁵ materials are available. In the Netherlands guidelines also set out rules that stipulate when and how patients should be referred to medical specialists. In Norway, there are also several guidelines for family doctors¹⁶, but these don't stipulate how family doctor should proceed in case of a trauma before referring the patient to specialised medical care. In the United Kingdom, there are no specific requirements and guidelines for family doctors and patients are free to choose between various service providers and treatment types.

In Denmark, referral will be given to either the nearest medical specialist or for an appointment with a medical specialist, chosen by patient. Family doctors are responsible for patients until giving them a referral and the responsibility will then lie with the medical specialist or institution of referral. In case of chronic diseases, responsibility will be divided between family doctor and hospital/medical specialist; they will decide mutually, which functions will be fulfilled by family doctor and which by medical specialist. In some areas of the United Kingdom referrals that do not meet the established requirements will not be accepted; yet there are no common national requirements established for referrals.

Waiting time guarantee for an appointment with medical specialist varies by countries, specialties and will depend on the seriousness of the problem. For example, in Finland health care centre specialists can determine, in the referral, how soon should the patient be given an appointment with a medical specialist (today, in 1–7, 8–30, more than 30 days). Final decision regarding the urgency of the case will be made by the doctor who received the referral. In Denmark, the maximum permissible waiting period to specialised medical care services is one month. If a state hospital is unable to provide the required health services within this period of time, patients will be referred to private clinic (or sent abroad for a treatment); the state will then pay for the services. There is no time limit in the Netherlands but, depending on the situation of a patient, s/he may be given an appointment with a medical specialist faster (by general rule, after some telephone consultations). In the United Kingdom, the maximum permissible waiting time is up to 18 weeks, unless patients prefer to wait longer or their conditions allows for longer waiting time or even favours it. In practice, waiting time will depend on severity of trauma. In Canada there is a goal to avoid waiting times in case of traumas.

¹⁴ <https://www.sundhed.dk/sundhedsfaglig/laegehaandbogen/>

¹⁵ <http://www.socialstyrelsen.se/nationalguidelines>

¹⁶ <http://legehandboka.no/>

Table 5. Approach to traumas in countries compared.

	Finland	Denmark	The Netherlands	Canada	The UK	Norway	Sweden
Distribution of responsibility between first contact care level and specialised medical care	Many traumas (casts, treatment of wounds, etc.) will be treated at health care centres, serious traumas will be referred directly to accident and emergency medicine departments of hospitals	family doctor will treat minor traumas; in most cases assistance will be provided by medical specialist, serious traumas will be referred directly to accident and emergency medicine departments of hospitals	family doctor will treat minor traumas, serious traumas will be referred directly to accident and emergency medicine departments of hospitals	Traumas are mostly treated by medical specialists (trauma centres) and emergency medicine departments of hospitals	family doctor will treat minor traumas, serious traumas will be referred directly to accident and emergency medicine departments of hospitals	family doctor will treat minor traumas, serious traumas will be referred to a medical specialist or directly to accident and emergency medicine departments of hospitals	family doctor will treat minor traumas, serious traumas will be referred directly to accident and emergency medicine departments of hospitals
Specificities and requirements for referral	There are no considerable specificities or requirements; where appropriate, referral to a medical specialist	There are no considerable specificities or requirements, family doctor will give a referral to nearest medical specialist or for an appointment with the medical specialist preferred by the patient	There are no considerable specificities or requirements; where appropriate, referral to a medical specialist (according to local procedure), guidelines provide the rules for referral	There are no considerable specificities or requirements; where appropriate, referral to a medical specialist	There are no considerable specificities or requirements; where appropriate, referral to a medical specialist; there are no specific requirements to referral; in some areas referral, not meeting the requirements, is not accepted	There are no considerable specificities or requirements, family doctor will decide whether and when patient should be referred to a medical specialist	There are no considerable specificities or requirements; where appropriate, referral to a medical specialist
Rules and guidelines for handling first contact care level	Different guidelines for first contact care level	Different guidelines for first contact care level	Different guidelines for first contact care level	There are no specific guidelines for family doctors	There are no specific guidelines for family doctors	Different guidelines for first contact care level	Different guidelines for first contact care level
Consultations between first contact care level and specialised medical care specialists	Where appropriate, consultations with medical specialist (mostly concerning the treatment methodology)	Where appropriate, consultations with medical specialist (over the phone or by e-mail), most hospitals also have a	Where appropriate, consultations with medical specialist (over the phone or by e-mail, e-consultations)	First contact care level has no involvement with traumas, medical specialist will forward family doctor information about the treatment	Where appropriate, consultations with medical specialist, but this is not very common	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail)

	Finland	Denmark	The Netherlands	Canada	The UK	Norway	Sweden
		separate service to allow family doctors to call experience specialists in hospital to discuss whether the patient should be referred to a hospital or not					
Waiting time guarantees	Health care centre specialists can determine, in the referral, how soon should the patient be given an appointment with a medical specialist (today, in 1–7, 8–30, more than 30 days). Final decision regarding the urgency of the case will be made by the doctor who received the referral	Up to one month	No specific time limit; depending on the health of a patient s/he may be offered an appointment with medical specialist urgently	No waiting times in case of traumas	Up to 18 weeks	Different waiting times, depending on region and the health of the patient concerned	Different waiting times, depending on region and the health of the patient concerned

2.4.2. Tuberculosis

Tuberculosis is a very rare disease in the countries, included in the comparison, and therefore rarely diagnosed by family doctors. In most cases, the disease is contracted by immigrants or refugees who also learn about the disease at refugee centres.

Tuberculosis is usually treated in hospitals (in Norway also in refugee centres) and therefore family doctors will refer patients, suspected to have tuberculosis, to medical specialist (with a referral). In Finland, health care centre doctor (or some medical specialist, who identifies that they may be dealing with tuberculosis) a referral to infections of lung specialist; in Canada, family doctor will refer the patient to a medical specialist, who specialises in treatment of tuberculosis. There are usually no strict rules, which procedures (examinations, tests, analyses, etc.) should be always conducted at first contact care level, before referring the patient to medical specialist, but as the referrals must be justified, conduct of some tests and analysis may be required. Consultations with medical specialists are also common and are usually held over the phone; however, once it's clear that the patient has a tuberculosis, s/he will be immediately referred to a hospital (e.g. in Denmark, the United Kingdom and elsewhere). In the Netherlands a patient suspecting to have tuberculosis may contact a medical specialist directly; no referral will be required.

There are no special guidelines available, which are developed for family doctors, but there are some specialty-related or specific first contact care level guidelines, e.g. in the Netherlands there are state level instructions about handling tuberculosis, which also discuss the role of family doctors; and in Denmark, there is also free access substantial guidelines for first level contact care level, prepared with funding from public sources¹⁷, the same goes for Norway¹⁸.

Waiting time guarantee for an appointment with medical specialist varies by countries, specialties and will depend on the seriousness of the problem. For example, in Finland health care centre specialists can determine, in the referral, how soon should the patient be given an appointment with a medical specialist (today, in 1–7, 8–30, more than 30 days). Final decision regarding the urgency of the case will be made by the doctor who received the referral. In Denmark, the maximum permissible waiting period to specialised medical care services is one month. If a state hospital is unable to provide the required health services within this period of time, patients will be referred to private clinic (or sent abroad for a treatment); the state will then pay for the services. In the United Kingdom, the maximum permissible waiting time is up to 18 weeks, unless patients prefer to wait longer or their conditions allows for longer waiting time or even favours it. In practice, waiting time will depend on severity of the case. In Canada, the waiting time will depend on the emergency rating of the case.

¹⁷ <https://www.sundhed.dk/sundhedsfaglig/laegehaandbogen/>

¹⁸ <http://legehandboka.no/>

Table 6. Approach to tuberculosis in countries compared.

	Finland	Denmark	The Netherlands	Canada	The UK	Norway	Sweden
Distribution of responsibility between first contact care level and specialised medical care	Treated by medical specialists, general practitioner will give a referral to medical specialist (infection specialist, lung specialist)	Treated by medical specialists, family doctor will give a referral to medical specialist	Treated by medical specialists, family doctor will give a referral to medical specialist	Treated by medical specialists, family doctor will give a referral to medical specialist	Treated by medical specialists, family doctor will give a referral to medical specialist	Treated by medical specialists, family doctor will give a referral to medical specialist	Treated by medical specialists, family doctor will give a referral to medical specialist (to a lung clinic)
Specificities and requirements for referral	general practitioner must first conduct some tests and analyses and prepare a referral to a medical specialist	There are no considerable specificities or requirements, family doctor will conduct initial testing and suggest a diagnosis; the patient will be then given a referral to the nearest hospital	There are no considerable specificities or requirements; workplace rules of the clinic will apply for the purposes of referral	There are no considerable specificities or requirements, family doctor will conduct initial testing and suggest a diagnosis; the patient will be then given a referral to a medical specialist	There are no considerable specificities or requirements, family doctor will conduct initial testing and suggest a diagnosis; the patient will be then given a referral to a medical specialist	There are no considerable specificities or requirements, family doctor will conduct initial testing and suggest a diagnosis; the patient will be then given a referral to a medical specialist	As tuberculosis is considered a disease dangerous for the society, communicable disease control centre (<i>Smittskyddsenheten</i>) must be informed of the diagnosis
Rules and guidelines for handling first contact care level medical problems	Different guidelines for first contact care level	Different guidelines for first contact care level	There are state level guidelines for first contact care level, which also explain the role of family doctors	There are no specific guidelines for family doctors	There are no specific guidelines for family doctors	Different guidelines for first contact care level	Different guidelines for first contact care level
Consultations between first contact care level and specialised medical care specialists	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail), most hospitals also run a separate service to allow family doctors to call experience specialists in hospital to discuss whether the patient should be referred to a hospital or not	Where appropriate, consultations with medical specialist (over the phone or by e-mail), there is also an information system with information of patients, but the use of the system is complicated, due to different legal problems	Where appropriate, consultations with medical specialist (over the phone or by e-mail), medical specialist will forward family doctor information about the treatment	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail)

	Finland	Denmark	The Netherlands	Canada	The UK	Norway	Sweden
Waiting time guarantees	Health care centre specialists can determine, in the referral, how soon should the patient be given an appointment with a medical specialist (today, in 1–7, 8–30, more than 30 days). Final decision regarding the urgency of the case will be made by the doctor who received the referral	Up to one month	No specific time limit; depending on the health of a patient s/he may be offered an appointment with medical specialist urgently	Waiting time will depend on urgency rating of the case	Up to 18 weeks	Different waiting times, depending on region and the health of the patient concerned	Different waiting times, depending on region and the health of the patient concerned

2.4.3. Eye diseases

In general, there is a common understanding in the countries compared that of a family doctor has the capacity for diagnosis and treatment, s/he should do it, and this approach also applies to eye diseases. However, there are certain diseases that require referring the patient to a medical specialist. In Finland, for example, it has been specified, in job descriptions of health centre doctors, that patients must be referred to a medical specialist in case of iritis and keratitis. In Finland, screening of diabetes patients includes eye bottom images that will be explained by eye specialist. The results will be reviewed by health centre doctors who will then give their patients a referral to eye doctor, if appropriate.

In Denmark, easier eye diseases are mostly treated by medical specialist; family doctor will only treat simple diseases (e.g. common eye infections). In Finland, patients will be only referred to an appointment with a medical specialist in case of traumas less familiar or unknown for family doctor, resulting in absence of skills and experiences, which will be needed for treatment. Also in the Netherlands and Norway patients must first see their family doctor who will give them a referral, where appropriate.

There are usually no strict rules, which procedures (examinations, tests, analyses, etc.) should be always conducted at first contact care level, before referring the patient to medical specialist. The decisions will be adopted according to the specific situation and depending on the competence and experiences of family doctors.

There are no special guidelines available, which are developed for family doctors, but there are some specialty-related or specific first contact care level guidelines, e.g. in Denmark, there are also free access substantial guidelines for first level contact care level available on Internet, prepared with funding from public sources¹⁹; similar documents are also available in Norway²⁰ and Sweden²¹. Special guidelines and criteria for the referral of patients in the case of cataract have been developed in the United Kingdom²², as this is the only eye disease that presents special terms and conditions for the purposes of referral.

Consultations with medical specialists are also common in other countries; this works both ways; consultations may be also requested by medical specialist, who would want, for example, additional information about referred patient. Consultations are usually informal (doctors call each other or send e-mails). In Denmark, most hospitals have a separate consultancy service that will allow family doctors to make a call to experiences specialists in hospitals and then to discuss whether the patient concerned should be referred to hospital or not. Should referral be required, in Denmark patients will be given referral to either nearest medical specialist or a medical specialist, chosen by the patient. When mostly electronic referrals are used (e.g. in Denmark and the Netherlands), the information system will also describe the procedures, required for the purposes of referral, and standard referral forms will be also available.

Waiting time guarantee for an appointment with medical specialist varies by countries, specialties and will depend on the seriousness of the problem. For example, in Finland health care centre specialists can determine, in the referral, how soon should the patient be given an appointment with a medical specialist (today, in 1–7, 8–30, more than 30 days). Final decision regarding the urgency of the case will be made by the doctor who received the referral. In Denmark, the maximum permissible waiting period to specialised medical care services is one month.

¹⁹ <https://www.sundhed.dk/sundhedsfaglig/laegehaandbogen/>

²⁰ <http://legehandboka.no/>

²¹ <http://www.socialstyrelsen.se/nationalguidelines>

²² Local level guidelines, which have been developed on the bases of national rules and procedures:
<http://www.sheffieldccportal.co.uk/pressv2/>

If a state hospital is unable to provide the required health services within this period of time, patients will be referred to a private clinic (or sent abroad for a treatment); the state will then pay for the services. In practice, some regions in Denmark do have problems with meeting this requirement, as there is a shortage of eye specialists. In the United Kingdom, the maximum permissible waiting time is up to 18 weeks, unless patients prefer to wait longer or their conditions allow for longer waiting time or even favour it. In practice, waiting time will depend on the severity of the case. In Canada, the waiting time will depend on the emergency rating of the case.

Usually no referral will be required to make an appointment to an optometrist and this is a private sector service, by rule. In Finland, Denmark, Norway and Canada optometrists work at shops that sell glasses and are freely accessible for the population. Therefore, a referral will be required to make an appointment to an optometrist. Eye control is usually free to determine whether and what type of glasses should be issued (sold). In the United Kingdom, a referral from a family doctor is also not required. Although this is a part of first contact care level health service, optometrists do not usually work at the same centres with family doctors. However, a referral will be required in the Netherlands; if glasses will be prescribed, simple glasses will be first offered as a part of a standard package; a bigger monthly insurance payment will be required to get better glasses.

In Sweden, services provided by optometrists form a part of specialised medical care, but even there, optometrists often work at private companies, although there are also specialists who work within the state health care system. In Sweden, there are two organisations involved in the provision of optometrists' services: *Optikbranschen*²³, which joins companies that operate in the sphere of optics, and *Optikerförbundet*²⁴, which joins professional optometrists. These organisations have developed quality standards for services of optometrists and if the requirements are met, the enterprise concerned may apply for a certificate from *Optikbranschen*. This will be valid for two years; the standard is not mandatory, but most of the companies operating in the sphere have obtained it to prove the quality and safety of services that they provide.

In Sweden, people who have problems with vision usually first contact an optometrist. An optometrist may, on his or her turn, refer the patient to an ophthalmologist or some other medical specialist. Patients may also make an appointment with an ophthalmologist themselves; then the need and urgency of the appointment will be appraised, as it is the case with other medical specialists, and then the time of appointment will be given. If a patient doesn't know what medical specialist to see, s/he may contact a first contact care health centre or call a helpline for assistance and advice. In the United Kingdom, both optometrists and ophthalmologists have a training good enough to detect symptoms of most eye diseases (e.g. cataract, glaucoma, etc.) and work with more complicated cases. Where appropriate, they will refer patients to a family doctor or medical specialist for additional examination.

²³ <http://www.optikbranschen.se/>

²⁴ <http://www.optikerforbundet.se/index1.asp?siteid=1&pageid=3>

Table 7. Approach to eye diseases in countries compared.

	Finland	Denmark	The Netherlands	Canada	The UK	Norway	Sweden
Distribution of responsibility between first contact care level and specialised medical care	Many diseases will be treated at health care centres; screening of diabetes patients will include images of eye bottoms that will be described by eye doctor; results will be reviewed by health centre doctor who will give a referral to an eye doctor, where appropriate	Treatment is mostly the task of medical specialists, family doctors treat easier problems and simple infections, referral will be required to get an appointment with a medical specialist	Family doctors treat easier problems, more complicated cases get an appointment with a medical specialist with a referral	Treatment is mostly the task of medical specialists, referral will be needed	Treatment is mostly the task of medical specialists, referral will be needed only in emergency cases	First contact care level will work with the patient until it's safe for the patient. i.e. referral to a medical specialist will depend on the experiences of family doctor, condition of the patient, distance from the hospital, etc.	Family doctors treat easier problems, more complicated cases get an appointment with a medical specialist with a referral
Specificities and requirements for referral	As much as possible should be done at first contact care level, In case of referral, general practitioner must first conduct tests and analyses and then give a referral to a medical specialist, referral to a medical specialist will be mandatory in case of iritis and keratitis	There are no considerable specificities or requirements, family doctor will give a referral to nearest medical specialist or for an appointment with the medical specialist preferred by the patient	There are no considerable specificities or requirements, where appropriate, referral to a medical specialist, rules for referral are available from the guidelines	There are no considerable specificities or requirements, where appropriate, referral to a medical specialist	There are no considerable specificities or requirements (except in the case of cataract); where appropriate, referral to a medical specialist	There are no considerable specificities or requirements, where appropriate, referral to a medical specialist	There are no considerable specificities or requirements, where appropriate, referral to a medical specialist
Rules and guidelines for handling first contact care level medical problems	Different guidelines and instructions for first contact care level	Different guidelines and instructions for first contact care level	Different guidelines and instructions for first contact care level	There are no specific guidelines for family doctors	Guidelines and criteria for cataract	Different guidelines and instructions for first contact care level	Different guidelines and instructions for first contact care level
Consultations between first contact care level and specialised medical care specialists	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail), most hospitals also have	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail), medical specialist will forward family doctor information about the treatment	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail)

	Finland	Denmark	The Netherlands	Canada	The UK	Norway	Sweden
		separate service to allow family doctors to call experience specialists in hospital to discuss whether the patient should be referred to a hospital or not					
Waiting time guarantees	Health care centre specialists can determine, in the referral, how soon should the patient be given an appointment with a medical specialist (today, in 1–7, 8–30, more than 30 days). Final decision regarding the urgency of the case will be made by the doctor who received the referral	Up to one month; however, in practice there are problems due to shortage of eye doctors	No specific time limit; depending on the health of a patient s/he may be offered an appointment with medical specialist urgently	Waiting time will depend on urgency rating of the case	Up to 18 weeks	Different waiting times, depending on region and the health of the patient concerned	Different waiting times, depending on region and the health of the patient concerned
System for getting an appointment with optometrist and regulation of services of optometrist	Optometrists work at stores that sell glasses; no referral will be needed to get an appointment	Optometrists work at stores that sell glasses; no referral will be needed to get an appointment, no need to see a doctors to get glasses	Referral needed to make an appointment, monthly insurance payment will depend on the cost of the glasses	Optometrists work at stores that sell glasses; no referral will be needed to get an appointment, this is a paid service; difference will be covered within the framework of patient's extended health plan	Optometrists work at stores that sell glasses; no referral will be needed to get an appointment, where appropriate, optometrists will refer patients to additional tests and controls	Optometrists work at stores that sell glasses; no referral will be needed to get an appointment, no need to see a doctors to get glasses	Optometrists work at stores that sell glasses; no referral will be needed to get an appointment

2.4.4. Skin diseases and sexually transmitted diseases

In Finland, as many skin diseases and sexually transmitted diseases as possible are diagnosed at health care centres and patients will be only referred to an appointment with a medical specialist in case of problems that are less familiar or unknown for family doctor, resulting in absence of skills and experiences, which will be needed for treatment. In Denmark, Norway, United Kingdom, Canada and the Netherlands simpler skin diseases and sexually transmitted diseases are also treated at first contact care level; only more complicated problems will be referred to specialised medical care. There are usually no strict rules, which procedures (examinations, tests, analyses, etc.) should be always conducted at first contact care level, before referring the patient to medical specialist. The decisions will be adopted according to the specific situation and depending on the competence and experiences of family doctors.

In some areas of the United Kingdom (e.g. in Sheffield²⁵) initial treatment at first contact care level will be required to get an appointment with a dermatologist.

There are many special work procedures, developed for family doctors that should be observed. For example, the Dutch College of General Practitioners has prepared more than 100 different evidence-based guidelines²⁶ on different diseases; in Denmark, there is also free access to substantial guidelines for first level contact care level, prepared with funding from public sources²⁷; guidelines for family doctors are also available in Norway²⁸, Sweden²⁹ and United Kingdom³⁰. In the Netherlands, for example, the guidelines also set out rules that stipulate when and how patients should be referred to medical specialists.

Consultations with medical specialists are also common in other countries; this works both ways; consultations may be also requested by medical specialist, who would want, for example, additional information about referred patient. Consultations are usually informal (doctors call each other or send e-mails, other forms of electronic communication, e.g. „tele-dermatology“). In Denmark, most hospitals have a separate consultancy service that will allow family doctors to make a call to experiences specialists in hospitals and then to discuss whether the patient concerned should be referred to hospital or not.

In general, referral will be needed to make an appointment with a medical specialist. Should referral be required, in Denmark patients will be given referral to either nearest medical specialist or a medical specialist, chosen by the patient. In some regions of the United Kingdom and Denmark (e.g. the capital city and other bigger towns) there are open access clinics that will admit patients without a referral (e.g. clinics of sexually transmitted diseases), that can be visited without a referral. In Copenhagen, for example, there is a clinic where people can get themselves tested for sexually transmitted diseases (incl., e.g. HIV testing). In Canada, referral won't be needed to get a treatment at communicable disease clinics.

Waiting time guarantee for an appointment with medical specialist varies by countries, specialties and will depend on the seriousness of the problem. For example, in Finland health care centre specialists can determine, in the referral, how soon should the patient be given an appointment with a medical specialist (today, in 1–7, 8–30, more than 30 days). Final decision regarding the urgency of

²⁵ Local level guidelines, which have been developed on the bases of national rules and procedures:
<http://www.sheffieldccgportal.co.uk/pressv2/>

²⁶ <https://www.nhg.org/dutch-college-general-practitioners>

²⁷ <https://www.sundhed.dk/sundhedsfaglig/laegehaandbogen/>

²⁸ <http://legehandboka.no/>

²⁹ <http://www.socialstyrelsen.se/nationalguidelines>

³⁰ Local level guidelines, which have been developed on the bases of national rules and procedures:
<http://www.sheffieldccgportal.co.uk/pressv2/>

the case will be made by the doctor who received the referral. In Denmark, the maximum permissible waiting period to specialised medical care services is one month. If a state hospital is unable to provide the required health services within this period of time, patients will be referred to private clinic (or sent abroad for a treatment); the state health care system will then pay for the services. In the United Kingdom, the maximum permissible waiting time is up to 18 weeks. In practice, waiting time will depend on severity of the case. In Canada, the waiting time will depend on the emergency rating of the case.

Table 8. Approach to skin and sexually transmitted diseases in countries compared.

	Finland	Denmark	The Netherlands	Canada	The UK	Norway	Sweden
Distribution of responsibility between first contact care level and specialised medical care	Many diseases will be treated at health care centres	Easier skin and sexually transmitted diseases are treated at first contact care level; more complicated problems will be referred to medical specialists, referral will be needed; without referral, treatment is available from open access clinics (incl. anonymous HIV testing)	Family doctors treat most of the problems, more complicated cases are given an appointment with a medical specialist with a referral	Family doctor treat easier problems, more complicated cases are given an appointment with a medical specialist with a referral (e.g. dermatologist, gynaecologist); without referral, treatment is available from communicable diseases clinics	Family doctor treat easier problems, more complicated cases are given an appointment with a medical specialist with a referral; without referral, treatment is available for sexually transmitted diseases from open access clinics	As much of the treatment as possible will be given at first contact care level; patients will be referred to medical specialists if the case is too complicated or family doctors lacks sufficient experiences	As much of the treatment as possible will be given at first contact care level; patients will be referred to medical specialists if the case is too complicated or family doctors lacks sufficient experiences; HIV and AIDS treatment will be available from specialised medical system cares
Specificities and requirements for referral	general practitioner must first conduct tests and analyses and then give a referral to a medical specialist	There are no considerable specificities or requirements, family doctor will give a referral to nearest medical specialist or for an appointment with the medical specialist preferred by the patient	There are no considerable specificities or requirements, where appropriate, referral to a medical specialist, rules for referral are available from the guidelines	There are no considerable specificities or requirements, where appropriate, referral to a medical specialist	Depends on the situation; e.g. appointment with dermatologist requires initial treatment at first contact care level in some regions	There are no considerable specificities or requirements, where appropriate, referral to a medical specialist	There are no considerable specificities or requirements in case of skin diseases, where appropriate, referral to a medical specialist; as sexually transmitted diseases are seen as a threat for the society, communicable diseases control centre (<i>Smittskyddsenheten</i>) must be informed of such a diagnosis
Rules and guidelines for handling first contact care level medical problems	Different guidelines and instructions for first contact care level	Different guidelines and instructions for first contact care level	Different guidelines and instructions for first contact care level	There are no specific guidelines for family doctors	Different guidelines and instructions for first contact care level, e.g. for skin diseases	Different guidelines and instructions for first contact care level	Different guidelines and instructions for first contact care level

Consultations between first contact care level and specialised medical care specialists	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail),	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail)
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	Finland	Denmark	The Netherlands	Canada	The UK	Norway	Sweden
		e-consultations are also becoming more and more common (for both skin and sexually transmitted diseases), most hospitals also have a separate service to allow family doctor to call to an experience specialist at hospital and discuss whether the patient should be referred to hospital or not	tele-dermatology)	medical specialist will forward family doctor information about the treatment			
Waiting time guarantees	Health care centre specialists can determine, in the referral, how soon should the patient be given an appointment with a medical specialist (today, in 1–7, 8–30, more than 30 days). Final decision regarding the urgency of the case will be made by the doctor who received the referral	Up to one month	No specific time limit; depending on the health of a patient s/he may be offered an appointment with medical specialist urgently	Waiting time will depend on urgency rating of the case	Up to 18 weeks	Different waiting times, depending on region and the health of the patient concerned	Different waiting times, depending on region and the health of the patient concerned

2.4.5. Gynaecological assistance

In Finland, as many diseases as possible – according to the abilities of health care centre specialists – will be diagnosed and treated at health centres. Patients will be only referred to an appointment with a medical specialist in case of problems that are less familiar or unknown for family doctor, resulting in absence of skills and experiences, which will be needed for treatment. If necessary, patients can get an appointment with a gynaecologist in Finland also without a referral, but then the patient will usually have to pay for the service.

As for gynaecological assistance, family doctors also play an important role in the Netherlands, Denmark and Norway, where the doctors attempt to handle as many problems as possible at first contact care level. Only more complicated cases will be referred to medical specialists and referral from a family doctor will be required to make an appointment with a medical specialist (without a referral, but then the patient will usually have to pay for the service³¹). In the United Kingdom, gynaecological services are usually provided by medical specialists, but the first contact care level also has a number of functions (e.g. cervical screening and other analyses, family planning consultations, treatment of menorrhagia, etc.). One can make an appointment with a medical specialist (e.g. gynaecologist) only with a referral from a family doctor.

There are usually no strict rules, which procedures (examinations, tests, analyses, etc.) should be always conducted at first contact care level, before referring the patient to medical specialist. In general, some tests and analyses will be run before a referral is given, yet this is not compulsory and tests or absence of tests will not influence the medical specialist's decision to see (or not see) the patient. Decision to refer patient to a medical specialist will depend on the situation and family doctor must consider its competence and experiences for that purpose. However, there are some differences. In Denmark, for example, there are more substantial rules for situations where people have problems with conceiving – referral from a family doctor will be also needed to get an appointment with a medical specialist. There are also more specific recommendations and programmes for certain diseases (e.g. cancer), which clearly determine the responsibility of family doctor and hospital.

There are many special work procedures, developed for family doctors that should be observed. For example, the Dutch College of General Practitioners has prepared more than 100 different evidence-based guidelines³² on different diseases; in Denmark, there is also free access to substantial guidelines for first level contact care level, prepared with funding from public sources³³, there are also guidelines for family doctors in Norway³⁴ and Sweden³⁵. In the United Kingdom, there are specific guidelines on menorrhagia, specifically for family doctors³⁶. In the Netherlands guidelines also set out rules that stipulate when and how patients should be referred to medical specialists.

Consultations with medical specialists are also common in other countries; this works both ways; consultations may be also requested by medical specialist, who would want, for example, additional information about referred patient. Consultations are usually informal (doctors call each other or send e-mails). In Denmark, most hospitals have a separate consultancy service that will allow family

³¹ There are only some exceptions; e.g. in some towns of Denmark there are single clinics that focus on helping people to avoid pregnancy (staff of such clinics include both family medicine specialists and gynaecologists), everybody can make a free appointment with these clinics without a referral from their family doctor, but the service provided in such clinics mostly involves advising on the use of contraceptives.

³² <https://www.nhg.org/dutch-college-general-practitioners>

³³ <https://www.sundhed.dk/sundhedsfaglig/laegehaandbogen/>

2. Introduction of national health systems in countries compared

³⁴ <http://legehandboka.no/>

³⁵ <http://www.socialstyrelsen.se/nationalguidelines>

³⁶ Local level guidelines, which have been developed on the bases of national rules and procedures:
<http://www.sheffieldccportal.co.uk/pressv2/>

doctors to make a call to experiences specialists in hospitals and then to discuss whether the patient concerned should be referred to hospital or not. Should referral be required, in Denmark patients will be given referral to either nearest medical specialist (midwife or gynaecologist) or a medical specialist, chosen by the patient.

In Finland, health centres are responsible for monitoring pregnant women (with the exception of ultrasound and screening for genetic diseases). In case of patients arriving directly at the emergency medicine department (EMO) of hospital, triage nurse will identify the severity of the case and refer the patient to health care centre, where appropriate. Patients who suffer from acute gynaecological symptoms may get an appointment with a gynaecologist via EMO. Those who are about to give birth will be delivered straight to maternity ward.

In Denmark, midwife services form a part of the general health care services system, which means that family doctors may refer patients to free services. During pregnancy, women will be consulted and assisted by both family doctor and midwife, who will agree upon division of responsibilities. Pregnant women will be given a special pregnancy record card that will be used by family doctor, midwife, medical specialist and hospital. This record card is one of the few documents in Denmark still issued on paper; most of the documents are electronic.

In Sweden, midwife services also form a part of the first contact care level health services, but are available from women's clinics, which separated from first contact care health centres (although may be located in the same building).

In the Netherlands, appointment can be made with a midwife directly, without a referral. Referral is also not required in Norway and pregnant women may make an appointment with a midwife directly, but usually this is not recommended. It is preferable for pregnant women first have an appointment with family doctor, who will then agree upon task division with midwife.

In the United Kingdom, referral from family doctor will be required to get an appointment with a midwife. Midwives usually work in close contact with family doctors; sometimes midwives share their practice with family doctors' practices.

In Canada, midwife services differ by regions. For example, in Alberta the service will be free for patients and registered midwives are not allowed to charge their patients for services rendered. However, waiting times can be long. Midwives will be responsible for normal progress of their patients' pregnancies, birth and healthy children. In Alberta, the first visit is usually made to midwife once pregnancy has been detected (6th pregnancy week); during the 1st and 2nd trimester of pregnancy visits usually take place every 3–5 weeks; from 30th week onward, every 2–3 weeks and from 36th week, every week. There is also a 24/7 midwife helpline. After birth, midwife is expected to pay 2–3 home visits within a week. In case of problems, which are not in the competence of midwife, midwife will consult a family doctor or a medical specialist. Guidelines have been developed for midwives, stating when they should pass the case on, and this information is also given to every woman having an appointment with midwife. Six weeks after birth the responsibility for mother and child will be transferred to family doctor.

Waiting time guarantee for an appointment with medical specialist varies by countries, specialties and will depend on the seriousness of the problem. For example, in Finland health care centre specialists can determine, in the referral, how soon should the patient be given an appointment with a medical specialist (today, in 1–7, 8–30, more than 30 days). Final decision regarding the urgency of the case will be made by the doctor who received the referral. In Denmark, the maximum permissible waiting period to specialised medical care services is one month

2. Introduction of national health systems in countries compared

(in case of cancer, patient must be given an appointment within 48 hours). If a state hospital is unable to provide the required health services within this period of time, patients will be referred to a private clinic (or sent abroad for a treatment); the state will then pay for the services. In the United Kingdom, the maximum permissible waiting time is up to 18 weeks, but in practice, waiting time will depend on the severity of the case. In Canada, the waiting time will depend on the emergency rating of the case.

Table 9. Approach to gynaecological assistance in countries compared.

	Finland	Denmark	The Netherlands	Canada	The UK	Norway	Sweden
Distribution of responsibility between first contact care level and specialised medical care	Health care centre doctor will diagnose and treat as many diseases as possible, patients will be referred to a medical specialist in more complicated situations	Service are mostly provided specialised medical care specialists, family doctor will treat easier diseases	Family doctor will handle as many cases as possible; patients will be referred to a medical specialist in more complicated situations	Family doctors may conduct annual examinations; family doctor may also refer the patient to a gynaecologist or co-operate with a medical specialist	Service are mostly provided specialised medical care specialists, but first contact care level has also certain functions (treatment of certain diseases, screening,	A part of treatment as large as possible will be offered at first contact care level, will be referred to a medical specialist in cases that are too complicated for family doctor or in case of lack of	Family doctors will treat as many diseases as possible, patients will be referred to a medical specialist in more complicated situations
Specificities and requirements for referral	General practitioner will be required to run some tests and analyses and complete a referral for medical specialist	There are no considerable specificities or requirements (except problems with conception), some tests and analyses will be run before a referral is given, yet this is not compulsory and tests or absence of tests will not influence the medical specialist's decision to see (or not see) the patient	There are no considerable specificities, where appropriate, referral to a medical specialist, rules for referral are available from the guidelines	There are no considerable specificities, where appropriate, referral to a medical specialist, rules for referral are available from the guidelines	There are no considerable specificities (in case of menorrhagia), where appropriate, referral to a medical specialist, rules for referral are available from the guidelines	There are no considerable specificities, where appropriate, referral to a medical specialist, rules for referral are available from the guidelines	There are no considerable specificities, where appropriate, referral to a medical specialist, rules for referral are available from the guidelines
Rules and guidelines for handling first contact care level medical problems	Different guidelines and instructions for first contact care level	Different guidelines and instructions for first contact care level, in case of some diseases (e.g. cancer) the responsibility of family doctor and hospital is clearly defined	Different guidelines and instructions for first contact care level	There are no specific guidelines for family doctors	Guidelines and criteria for menorrhagia	Different guidelines and instructions for first contact care level	Different guidelines and instructions for first contact care level

2. Introduction of national health systems in countries compared

	Finland	Denmark	The Netherlands	Canada	The UK	Norway	Sweden
Consultations between first contact care level and specialised medical care specialists	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail), most hospitals also have a separate to allow family doctors to call experience specialists in hospital to discuss whether the patient should be referred to a hospital	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail), medical specialist will forward family doctor information about the treatment	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail)
Waiting time guarantees	Health care centre specialists can determine, in the referral, how soon should the patient be given an appointment with a medical specialist (today, in 1–7, 8–30, more than 30 days). Final decision regarding the urgency of the case will be made by the doctor who received the referral	Up to one month; in case of cancer patients must be admitted within 48 hours	No specific time limit; depending on the health of a patient s/he may be offered an appointment with medical specialist urgently	Waiting time will depend on urgency rating of the case	Up to 18 weeks	Different waiting times, depending on region and the health of the patient concerned	Different waiting times, depending on region and the health of the patient concerned
System for getting an appointment with midwife and regulation of midwife services of	Health centre will be responsible for monitoring pregnancies (incl. ultrasound and screening for genetic diseases)	Referral from family doctor will be required to make an appointment with midwife; family doctor and midwife will agree upon sharing responsibility	No referral will be needed to make an appointment with midwife	Differ by regions; e.g. in Alberta the service will be free; In case of problems, which are not in the competence of midwife, the	Referral from family doctor will be required to get an appointment with a midwife. Midwives usually work in close contact with family doctors;	Referral is not required and pregnant women may make an appointment with a midwife directly, but usually this is not recommended.	Midwife services also form a part of the first contact care level health services, but are available from women's clinics, which separated from first contact care health centres

	Finland	Denmark	The Netherlands	Canada	The UK	Norway	Sweden
				midwife will consult a family doctor or a medical specialist.	sometimes midwives share their practice with family doctors' practices	It is preferable for pregnant women first have an appointment with family doctor, who will then agree upon task division with midwife.	(although may be located in the same building).

2.4.6. Psychiatric assistance

In Finland, many psychiatric diseases are diagnosed and treated at health care centres. First contact care level also plays huge role on Denmark, Norway, the United Kingdom and the Netherlands. Referral to a medical specialist is only given in case of very severe psychiatric disorder or problem, that are less familiar or unknown for family doctor, resulting in absence of skills and experiences, which will be needed for treatment. By rule, psychiatric patients are also expected to have a referral in Finland, incl. patients with severe psychiatric disorders (e.g. psychosis). Referral will be also needed in the Netherlands; otherwise patients will have to pay for the service. In larger cities of Denmark, assistance is available without referral, e.g. in case of acute psychiatric problems.

In the United Kingdom, family doctors treat moderate depression and anxiety disorders and prescribe medicinal products; psychoses, bipolar disorders and other more severe conditions are the responsibility of a medical specialist.

In Sweden, the treatment of psychic problems and diseases, which do not require psychiatric intervention, belongs to the competence of the first level health care system (e.g. light and medium level depression, anxiety disorders, dissociative disorders, addition problems). In Finland, depression patients with lower depression level won't also usually need psychiatric assistance. In case of crisis, patients may contact psychiatric nurse, who will see the patient, if necessary, and decide whether the patient will be referred to health care centre specialist or psychiatrist.

The Danish College of General Practitioners has developed guidelines for the treatment of anxiety disorders, depression and other psychiatric disorders; the materials are available from Internet³⁷. The Dutch College of General Practitioners has prepared more than 100 different evidence-based guidelines³⁸ on different diseases; guidelines for family doctors are also available in Norway³⁹ and Sweden⁴⁰. In the Netherlands guidelines also set out rules that stipulate when and how patients should be referred to medical specialists. In the United Kingdom there are guidelines on depression and dementia⁴¹.

Consultations with medical specialists are also common in other countries; this works both ways; consultations may be also requested by medical specialist, who would want, for example, additional information about referred patient. Consultations are usually informal (doctors call each other or send e-mails). In Denmark, most hospitals have a separate consultancy service that will allow family doctors to make a call to experiences specialists in hospitals and then to discuss whether the patient concerned should be referred to hospital or not.

In Denmark, patients will be given referral to either nearest medical specialist or a medical specialist, chosen by the patient. There are usually no formal requirements to referral and specificities concerning the information it should include. Medical specialist may return insufficiently completed referral and ask more information, as otherwise s/he can't decide on the treatment for the patient concerned. There are also referral exemptions for patients who do not want to see a medical specialist, in case of dangerous patients (e.g. who want to kill somebody, etc.) and

³⁷ <http://www.dsam.dk/>

³⁸ <https://www.nhg.org/dutch-college-general-practitioners>

³⁹ <http://legehandboka.no/>

⁴⁰ <http://www.socialstyrelsen.se/nationalguidelines>

⁴¹ <https://www.nice.org.uk/guidance/cg42> and <http://pathways.nice.org.uk/pathways/dementia>

compulsory treatment requirement – the referral must then match certain formality requirements.

Both in Finland and the Netherlands, services of psychologists are free with first contact care level doctor's referral. Patients will register themselves on an appointment with a psychologist, using their referral. If there is no referral or patients will contact psychologist directly, they will have to pay for the service.

Waiting time guarantee for an appointment with medical specialist varies by countries, specialties and will depend on the seriousness of the problem. For example, in Finland health care centre specialists can determine, in the referral, how soon should the patient be given an appointment with a medical specialist (today, in 1–7, 8–30, more than 30 days). Final decision regarding the urgency of the case will be made by the doctor who received the referral. In Denmark, the maximum permissible waiting period to specialised medical care services is one month. If a state hospital is unable to provide the required health services within this period of time, patients will be referred to private clinic (or sent abroad for a treatment); the state health care system will then pay for the services. In the United Kingdom, the maximum permissible waiting time is up to 18 weeks, but in practice, waiting time will depend on severity of the case. In Canada, the waiting time will depend on the emergency rating of the case.

Table 10. Approach to psychiatric assistance in countries compared.

	Finland	Denmark	The Netherlands	Canada	The UK	Norway	Sweden
Consultations between first contact care level and specialised medical care specialists	Health care centre doctor will diagnose and treat as many diseases as possible, patients will be referred to a medical specialist in more complicated situations; in case of crisis, patients may contact psychiatric nurse, who will see the patient, if necessary, and decide whether the patient will be referred to health care centre specialist or psychiatrist	Treatment is mostly provided by first contact care level; medical specialist will treat complicated and severe psychic disturbances	As much treatment as possible will be provided at first contact care level; patients will be referred to medical specialists if the case is too complicated or family doctors lacks sufficient experiences	Family doctors will treat moderate depression and anxiety disorders; complicated cases will be referred to medical specialists	Family doctors will treat moderate depression and anxiety disorders and will also prescribe prescription medicines; psychoses, bipolar disorders and other more severe conditions are the responsibility of a medical specialist	As much treatment as possible will be provided at first contact care level; patients will be referred to medical specialists if the case is too complicated or family doctors lacks sufficient experiences	Treatment is mostly provided by first contact care level; medical specialist will treat complicated and severe psychic disturbances
Specificities and requirements for referral	There are no considerable specificities, where appropriate, referral to a medical specialist	There are no considerable specificities, family doctor will give a referral to either nearest medical specialist or a medical specialist, chosen by the patient	There are no considerable specificities, where appropriate, referral to a medical specialist, rules for referral are available from the guidelines	There are no considerable specificities; referral from family doctor will be required; people may also use emergency help and will be referred to psychiatric treatment, where necessary	There are no considerable specificities (except, e.g., in cases of dementia), where appropriate, referral to a medical specialist	There are no considerable specificities, where appropriate, referral to a medical specialist	There are no considerable specificities, where appropriate, referral to a medical specialist
Rules and guidelines for handling first contact care level medical problems	Different guidelines and instructions for first contact care level	Different guidelines and instructions for first contact care level, e.g. how to treat anxiety disorders,	Different guidelines and instructions for first contact care level	There are no specific guidelines for family doctors	Different guidelines and instructions for dementia and depression	Different guidelines and instructions for first contact care level	Different guidelines and instructions for first contact care level

	Finland	Denmark	The Netherlands	Canada	The UK	Norway	Sweden
		depression, psychosis; there are usually no formal requirements, medical specialist may return insufficiently completed referral and ask more information, formal requirements to a referral only apply in the case of compulsory treatment					
Consultations between first contact care level and specialised medical care specialists	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail), most hospitals also have a separate to allow family doctors to call experience specialists in hospital to discuss whether the patient should be referred to a hospital	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail), medical specialist will forward family doctor information about the treatment	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail)	Where appropriate, consultations with medical specialist (over the phone or by e-mail)
Waiting time guarantees	Health care centre specialists can determine, in the referral, how soon should the patient be given an appointment with a medical specialist (today, in 1–7, 8–30, more than 30 days). Final decision regarding the urgency of the case will be made by the doctor who received the referral	Up to one month	No specific time limit; depending on the health of a patient s/he may be offered an appointment with medical specialist urgently	Waiting time will depend on urgency rating of the case	Up to 18 weeks	Different waiting times, depending on region and the health of the patient concerned	Different waiting times, depending on region and the health of the patient concerned

2.4.7. Conclusion

In the case of the specialities observed, its common practice in the countries compared to use a referral from first contact care level specialist to get an appointment with medical specialists. The only service with different requirements is optometrist's service; usually referral is not required to use these services. Some differences are also notable in the case of midwife's services. In several countries compared it is possible to get an appointment with a midwife without a referral from family doctor, but by general rule, it is expected that there will be close co-operation between family doctor and midwife who will also agree upon shared responsibilities to offer pregnant women as effective and efficient assistance as possible.

The countries compared stress the importance of doing as much as possible at first contact care level to reduce the burden on specialised medical care services. It is a common understanding that if a disease can be diagnosed and treated by family doctor, it should not be referred to another level.

Family doctors and medical specialists consult with each other often, but there are no official channels; they use telephones and e-mails.

A number of guidelines have been developed specially for family doctors; many of them are also available via Internet. However, there are no strict format rules for referrals; family doctors also enjoy considerable freedom in deciding if and when a patient should be referred to a medical specialist.

Waiting time to see a medical specialist varies by countries, specialities and also depends on severity of the problem. In some of the countries compared, time limits have been defined (e.g. in Denmark and the United Kingdom), while there are no limits in other countries (e.g. the Netherlands).

Different countries use different solutions to get their patients appointment with a medical specialist. In some country, family doctor will register patient for an appointment with a medical specialist (patients won't be required to do anything to get an appointment with a medical specialist; they will receive a confirmation (by letter or message) about the scheduled appointment); in some countries patients will be required to make an appointment themselves and in some countries, both options are available.